

**State of Tennessee**  
**Certification Form for Listing on Tennessee's Directory**  
**Pursuant to Tenn. Code Ann. 67-4-2601 et. seq.**  
**Official Form 114477**

Check appropriate response:

☐ **Initial Directory Certification** Application – Tobacco Product Manufacturer is not currently listed on the Tennessee Tobacco Directory

☐ **Supplemental Directory Certification** – Change of information provided to the Attorney General and the Department of Revenue (change of information must be submitted at least 30 days prior to change or no more than 30 days after discovery of inaccurate, incomplete or misleading information.)

Reason: \_\_\_\_\_

☐ **Annual Directory Certification** – Due April 30 for continuation of listing on Tennessee's Directory of Compliant Tobacco Product Manufacturers.

**Comment [AG1]:** A Tobacco Product Manufacturer must file a Supplemental Certification no later than thirty (30) calendar days prior to any change in a Brand Family or any addition to or modification of its Brand Families. A Supplemental Certification shall also be submitted whenever information provided on the Certification becomes inaccurate, incomplete or misleading. Such Supplemental Certification must be filed within 30 days after the information becomes inaccurate, incomplete or misleading.

Please type or legibly print in permanent blue ink. Use additional pages only when necessary.

**Part 1. General Information**

1. Applicant **Tobacco Product Manufacturer** Identification.

<b>Applicant Name:</b>	
<b>Contact Person:</b>	<b>Title:</b>
<b>Street Address:</b>	
<b>City/State/Zip:</b>	
<b>Mailing Address if different from above:</b>	
<b>City/State/Zip:</b>	
<b>Telephone Number (include country code):</b>	<b>Facsimile Number (include country code):</b>
<b>E-Mail Address:</b>	
<b>Website Address:</b>	
<b>Name of Person Completing Certification:</b>	
<b>Title of Person Completing Certification:</b>	

**Comment [AG2]:** A Tobacco Product Manufacturer is an entity that fabricates or assembles Cigarettes

**Comment [AG3]:** means the entity applying for the certification, its officers, directors, owners, employees and/or agents and includes each and every business entity which has merged into it, has comprised or comprises some part of its operations, or is closely related to it or otherwise affiliated to it during the period of its operations.

**Important Note: The State will not process incomplete, unsigned or illegible certifications.**  
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2. The Tobacco Product Manufacturer identified above, as of the date of this Certification is:

☐

A **Participating Manufacturer**

**Comment [AG4]:** "Participating Manufacturer" has the same meaning given that term in Section II(j) of the Master Settlement Agreement and amendments thereto

- OR -

☐

A **Non-Participating Manufacturer** in full compliance with Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999, T. C. A. §§ 47-31-101 *et. seq.*, including having made all required deposits into a Qualified Escrow Fund since the effective date of the Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999 and any rules and regulations promulgated there under.

**Comment [AG5]:** "Non-Participating Manufacturer" means any Tobacco Product Manufacturer that is not a Participating Manufacturer

**ALSO COMPLETE OFFICIAL FORM 114780 NPM INFORMATION REQUEST AND SUBMIT IT ALONG WITH THIS FORM.**

3. Identify any attorney authorized to represent you regarding your Certification application for listing on the Tennessee Directory. If you do not have an attorney please indicate not applicable.

<b>Attorney Name:</b>	<input type="checkbox"/> Not Applicable
<b>Law Firm:</b>	
<b>Address:</b>	
<b>City/State/ZIP:</b>	
<b>Telephone Number:</b>	<b>Facsimile Number:</b>

4. Identify any person authorized to provide information to the State of Tennessee or receive information from the State of Tennessee regarding your Certification application for listing on the Tennessee Directory.

<b>Name and Title:</b>	<input type="checkbox"/> Not Applicable
<b>Company:</b>	
<b>Address:</b>	
<b>City/State/ZIP:</b>	
<b>Telephone Number:</b>	<b>Facsimile Number:</b>

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**Part 2. Internet or Mail Order Sales**

5. Does Applicant sell any tobacco products or Cigarettes over the Internet?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does Applicant sell any tobacco products or Cigarettes by mail order?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is Applicant in full compliance with Tenn. Code Ann. § 67-4-1029?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. If you answered "Yes" to questions #5 or #6, identify all websites the Applicant uses to conduct its Internet or mail order tobacco products or Cigarette sales.  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. If you answered "Yes" to questions #5 or #6, identify all physical addresses where the Applicant conducts its Internet or mail order tobacco products or Cigarette sales operations.  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. If you answer "Yes" to question #5, identify the total Cigarette sales in units sold in Tennessee in the previous calendar year via the Internet.

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11. If you answered "Yes" to question #6, identify the total Cigarette sales in units sold in Tennessee in the previous calendar year via Mail Order.

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12. If you answered "Yes" to questions #5 or #6, provide a copy of all Jenkins Act reports filed with the Tennessee Department of Revenue. If you have not filed the required Jenkins Act reports with the Tennessee Department of Revenue, you must prepare and file those reports and provide copies with this Certification before your application will be considered complete. The Jenkins Act report is found at <http://state.tn.us/revenue/forms/tobacco/f1309001.pdf>.

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**Comment [AG9]:** Cigarette” has the same meaning as in Tenn. Code Ann. § 47-31-102(4) . The term “Cigarette” includes Roll-your-own “RYO” tobacco (0.09 ounces of which constitutes one individual “Cigarette”) and those Cigarettes that, despite being sold as “little cigars”, meet the definition of “Cigarette” in Tenn. Code Ann. § 47-31-102(4).

[illegible]

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**Part 3. Brand Family Identification (cont'd):**

**\* REMOVE BRAND FAMILIES \***

<b>A. Brand Family*</b>	<b>B. Brand Name</b>	<b>C. Identify Cigarettes, RYO or little cigars</b>	<b>D. Units Sold Preceding Calendar Year</b>	<b>E. Units Sold: Current Calendar Year (January – April 2008)</b>	<b>F. Name and Full address of other Manufacturers of Brand family in the Preceding or Current Calendar Year</b>
(*indicate all brand families previously approved that you wish to remove for 2008 sales year)					

Reason for removal:

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**State of Tennessee**  
**Certification Form for Listing on Tennessee's Directory**  
**Pursuant to Tenn. Code Ann. 67-4-2601 et. seq.**  
**Official Form 114477**  
**State of Tennessee - Affidavit of Tobacco Product Manufacturer**

Please complete and execute in blue permanent ink and send signed originals to the Tennessee Attorney General's Office and the Tennessee Department of Revenue at the two addresses listed in the Certification instructions.

An authorized officer of the Tobacco Product Manufacturer MUST sign this form and check the correct box below. This form must also be notarized.

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Under penalty of perjury, I state that the Tobacco Product Manufacturer named in Part 1 as of the date of this Certification, is a Participating Manufacturer in full compliance with all applicable sections of Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder.

**OR**

☐

Under penalty of perjury, I state that the Tobacco Product Manufacturer named in Part 1 as of the date of this Certification, is a Non-Participating Manufacturer in full compliance with all applicable sections of Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder. Additionally, the Tobacco Product Manufacturer identified in Part 1 fabricated or assembled the brand families listed herein that were sold in Tennessee during the calendar year stated herein.

Under penalty of perjury, I also state (initial each numbered paragraph):

- \_\_\_\_\_(1) On behalf of the Tobacco Product Manufacturer named in Part 1, the Applicant is familiar with and will comply with all state and federal laws, rules and regulations regarding the sale of tobacco products and Cigarettes in Tennessee, including but not limited to, the Tennessee Tobacco Manufacturers Escrow Act of 1999, Tenn. Code Ann. §§ 47-31-101, *et seq.* and the directory statute located at Tenn. Code Ann. §§ 67-4-2601, *et seq.*
- \_\_\_\_\_(2) I understand that the Attorney General or the Department of Revenue may require additional information and/or documentation to determine if the Applicant qualifies for listing on Tennessee's Directory;
- \_\_\_\_\_(3) I acknowledge that the Applicant has a duty to file an annual Certification and to supplement its application within 30 calendar days of its discovery that any information or documents contained in the Certification is inaccurate, incomplete or misleading;
- \_\_\_\_\_(4) I have read this Certification and the attached documents, and reviewed the Instructions and Definitions and to the best of my knowledge and information, this Certification has been completed in compliance with those instructions and definitions;
- \_\_\_\_\_(5) To the best of my knowledge, this Certification and its attachments are a complete, accurate, non-misleading and truthful response of the Applicant Tobacco Product Manufacturer;
- \_\_\_\_\_(6) On behalf of the Applicant, I hereby authenticate this Certification and its attachments for the purposes of any proceedings pursuant to any rules of procedure. These documents are authentic and true and accurate copies of Applicant's official records. The Applicant will not contest or object to the use of this Certification and its attachments in any proceeding; and
- \_\_\_\_\_(7) I am an authorized representative of the Applicant Tobacco Product Manufacturer with authority to bind the Applicant and submit this Certification to the State of Tennessee on its behalf.

By signing this Affidavit on behalf of the Applicant, I am stating I have the necessary authority on behalf of the Applicant to sign this Affidavit and bind the Applicant.

\_\_\_\_\_  
Printed Name of Officer of Tobacco Product Manufacturer

\_\_\_\_\_  
Title

Signature of Authorized Officer \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, 200\_\_, in the State of \_\_\_\_\_ and County of \_\_\_\_\_.

Print Name of Notary Public: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Date Notary Commission Expires: \_\_\_\_\_

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